Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo w/attach	Chris Jennings to Pat Griffen, Harold Ickes Re: Meeting with President, First Lady and Moderate Republicans (3 pages)	2/13/94	P5
002. briefing paper	Meeting with Senate Republicans/Mitchell and Dem Chairs (3 pages)	2/21/94	P5

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Health Security Act)
OA/Box Number: 23754

FOLDER TITLE:
February 1994 HSA

gf115

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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THE CBO ANALYSIS

February 9, 1994

- The fundamental premise of the President's approach to health reform is that we can guarantee private insurance to every American and still reduce the amount the nation spends on health care. Yesterday, the Congressional Budget Office completely validated that premise.

- In fact, the CBO determined that, **between the years 2000 and 2004, we will be able to guarantee private insurance to all Americans while spending $413 billion less on health care.** That's $413 billion that can go to higher wages for American workers, money that businesses can invest and use to create jobs, and increased savings.

- The CBO and the Administration agree that the President's approach will save money. In fact, the two estimates of savings in national health expenditures -- that is, total spending for health care in the country -- are very close. The difference between the Administration and the CBO analyses is that CBO predicts that these savings will initially go to businesses and state/local governments. In contrast, the administration expects these savings to initially go to the federal government and therefore to immediately begin to reduce the deficit. The $133 billion "difference" in the CBO and the Administration deficit estimates -- which is described as *"small"* in the CBO analysis itself -- is a result of these differing assumptions. **Nonetheless, the CBO too projects long-term deficit reduction.** [CBO Analysis, p. xiii]

- This issue clearly can be resolved. Since we are in agreement on the essential framework, the deficit issue is something that can be easily worked out as the proposal proceeds through what will be a very substantive process in the U.S. Congress. **We stress that the President's health reform proposal will pay for itself and reduce the deficit.**

THE CBO ANALYSIS

Sen. Mitchell: *"Am I correct in my understanding that your report supports the President's conclusions as to those principal objections . . . So that all Americans would be insured, the deficit would be going down, health care spending as a percentage of the Gross Domestic Product would be going down, and the wages of American workers would be increased by up to or close to $90 billion a year. Is that correct?"*

Mr. Reischauer: *"That is the judgment that we reached."* [CBO Testimony, Senate Finance Committee, 2/9/94]

A. *VALIDATES THE PRESIDENT'S APPROACH*

- **The President's approach will guarantee every American private health insurance and control costs.**

  -- *"The CBO credited the administration with coming up with a framework that appears to reconcile what many had considered irreconcilable: extending health care to all Americans while at the same time slowing the growth of medical costs, which threaten to consumer 20 percent of the nation's economic output by the end of the decade."* [Pearlstein and Broder, Washington Post, 2/9/94]

  -- *"[The CBO analysis] is a significant acknowledgment that healthreform can do what is necessary; that is, provide health coverage for all Americans while containing sky-rocketing health-care costs."* [USA Today, 2/9/94]

- **American families will benefit from the President's approach.**

  -- *"The Clinton plan, when compared to today's system, would cost average Americans less money, give them more health benefits and more choice of physicians and medical care, [Reischauer] said."* [Priest and Rich, Washington Post, 2/9/94]

- **The President's approach will lead to deficit reduction.**

  -- *"[CBO Chairman Reischauer said] significant deficit reduction will be achieved by 2004."* [UPI, 2/9/94]

- **American workers will get higher wages from the President's approach.**

  -- *". . . the lion's share of those savings would be returned to workers in the form of higher cash wages. . . "* [CBO, 2/9/94, p. 35]

  -- *"First, the proposal would increase the cash wages of U.S. workers . . ."* [*"An Analysis of the Administration's Health Proposal"*, CBO, 2/9/94, p. 51]

- **National health expenditures will be "significantly" reduced under the President's approach.**

  -- *"Thus, CBO projects that national health expenditures would fall $30 billion below the current CBO baseline by calendar year 2000, and would be $150 billion (7 percent) below that baseline in 2004."* [*"An Analysis of the Administration's Health Proposal"*, CBO, 2/9/94, p. xii]

  -- *"Once the administration's proposal was fully implemented it would significantly reduce the projected growth of national health expenditures."* [CBO, 2/9/94, p. 26]

- **Businesses will save substantially under the President's approach.**

  -- *"[The President's proposal] would sharply reduce the growth of employer spending for health insurance. By 2004, employers would save about $90 billion for active workers and more than $15 billion for early retirees... "* [*"Analysis of the Administration's Health Proposal"*, CBO, 2/9/94]

  -- *"But businesses' costs for health care would be significantly reduced overall . . For example, the total premiums employers would pay for active workers would drop by about $20 billion in the year 2000."* [*"An Analysis of the Administration's Health Proposal"*, CBO, 2/9/94, p. xiii]

- **All small businesses will benefit.**

  -- *"[The proposal] would benefit smaller firms that typically pay much higher premiums than larger firms. This leveling of costs could benefit all small businesses -- not just those that provide insurance today. With access to more affordable insurance, small businesses would be better able to attract workers who now demand health insurance as a condition of employment."* [*"An Analysis of the Administration's Health Proposal"*, CBO, 2/9/94, p. 54]

B. WHAT IS OUR RESPONSE TO . . .

- **Reports that the CBO claims job loss:**
The CBO analysis specifically states, as do many independent studies, that the President's approach will have a negligible, or positive, effect on employment.

  -- *"The Clinton plan, [CBO] concluded, would not significantly slow the economy or result in the loss of jobs, as many critics have charged."* [Pearlstein and Broder, Washington Post, 2/9/94]

  -- " . . . *[the proposal] would alter the unemployment rate little."* [CBO, *"An Analysis of the Administration's Health Proposal"*, 2/9/94, p.51]

  In fact, some independent studies say there will be job creation.

  -- Two independent studies -- one from the Economic Policy Institute and one from the Employee Benefit Research Institute -- predict that jobs will be created as a result of health reform. The EPI projects that 258,000 manufacturing jobs will be created over the next decade. And the Employee Benefit Research Institute predicts that the President's proposal could produce as many as 660,000 jobs. There will also be health care jobs created -- with one health economist at the Brookings Institution predicting that the plan will create 750,000 health-related jobs. [EPI, November 1993; EBRI, November 1993; Reuters, 9/16/93]

  The CBO says that the primary changes in the labor market would be a result of voluntary retirement as Americans who have worked hard their whole lives are no longer locked into their jobs just to keep their health coverage.

  -- "*CBO estimates that eventually between one quarter of a percent and 1 percent of the labor force **might prefer to stay at home if the proposal were enacted.***" [*"An Analysis of the Administration's Health Proposal"*, CBO, 2/9/94, p. xiv]

- **Differences in Short-Term Deficit Projections:**
The Administration and the CBO agree that the President's approach will create savings. CBO shows the initial savings going to private sector and state/local governments, rather than to the federal government as the Administration projects. The difference between the CBO and Administration deficit estimates -- which was described as *"small"* in the CBO analysis itself -- is a result of this allocation. Nonetheless, the CBO too projects long-term deficit reduction.

  -- *"[Reischauer] also went out of his way to call the differences in financial estimates `**relatively small potatoes in the great scheme of things.**'"* [Pear, New York Times, 2/9/94]

  -- In fact, the difference between the Administration's and the CBO deficit estimates is only about 4% of the projected federal health expenditures during the same period -- and much less than 1% of the total federal budget (.13%). [internal calculations from CBO, Table 2-1, p. 26]

  -- *"[CBO Chairman Reischauer said] significant deficit reduction will be achieved by 2004."* [UPI, 2/9/94]

  -- *"[This] difference of opinion may have more political than economic significance: Both predict that the Clinton plan will begin saving money for the government, business, and consumers by the year 2000."* [Pearlstein and Broder, Washington Post, 2/9/94]

  -- *"Focusing on the effects of proposals in their early years is, therefore, not very meaningful; it is the long-term impacts, when new coverages would be fully phased in and the system stabilized, that are important."* [*"An Analysis of the Administration's Health Proposal"*, CBO, 2/9/94, p. xiii]

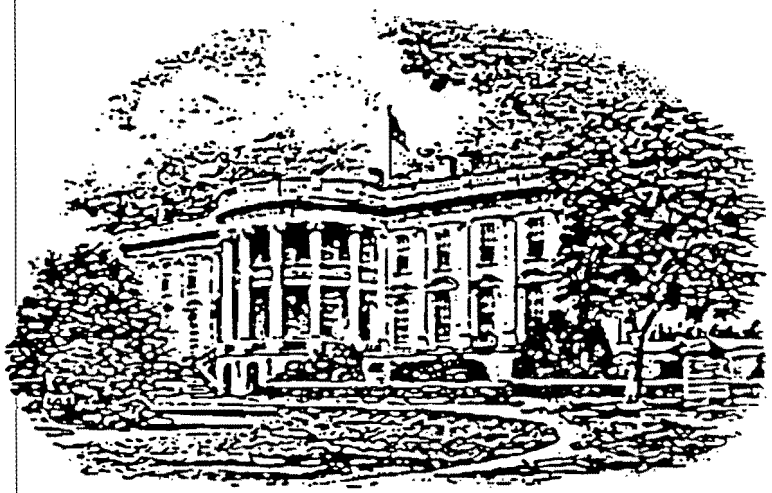
C. OUR PROPOSAL STANDS ALONE IN SPELLING OUT SPECIFICS:

-- *"The Health Security Act is unique among proposals to restructure the health care system . . . the proposal outlines in legislation the steps that would actually have to be taken to accomplish its goals. **No other proposal has come close to attempting this. Other health care proposals might appear equally complex if they provided the same level of detail as the Administration on the implementation requirements."*** (emphasis added) [*"An Analysis of the Administration's Health Proposal"*, CBO, 2/9/94, p. xv]

DATE: _____
TIME: _____

THE WHITE HOUSE

WASHINGTON



FAX COVER SHEET

TO: Shawn Cavanaugh
Congressman Cardin

PHONE: ( )

FAX: ( ) 225-9219

FROM: Jack Lew

PHONE: (202) 456-2316

PAGES FOLLOWING COVER SHEET: _____

CBO TALKING POINTS
Administration
February 8, 1994

- This debate should be about providing all Americans with **guaranteed private insurance** that can never be taken away. The CBO accounting decision is ultimately a technical, score-keeping issue that will not affect the outcome of health reform.

- Private sector health care premiums should not be counted as part of the federal budget. It doesn't make sense. Under the current system, employers pay premiums to health insurers to purchase insurance for their employees. These transactions have never been considered part of the federal budget. The President's approach builds on the current system with employers continuing to pay insurance premiums to private sector health providers. These private sector premiums are not part of the federal budget now and there's no legitimate reason why they should be considered part of the federal budget under reform.

- Why would a payment from one private party to another private party be part of the federal budget? The government will neither collect nor spend this money. This transaction is similar to the requirement in many states today that residents must purchase auto insurance. The resulting payments -- between these people and their insurance companies for a car insurance policy -- are *not* counted as taxes on state budgets nor would anyone expect them to be. The argument that any payment required by the government should be part of the budget ignores the many cases today where the government sets a minimum standard to provide security to its citizens (i.e., minimum wage). It would be unprecedented to begin to count these now as part of the federal budget.

- **We specifically rejected a government-run, government-financed system in favor of a system that is rooted in the private sector and builds on the employer-based system to guarantee every American private comprehensive health insurance.**

- While private premiums should *not* be used to calculate the federal budget, information on premium payments -- including estimated total premium contributions by employers and consumers -- *will* be clearly displayed in the budget. We want to ensure that this information is readily available and accessible to the American public.

- In addition, any funds being collected or spent by the federal government -- such as new Medicare benefits, veteran's health, or discounts on the price of insurance to small businesses and low income families -- have always been and will continue to be clearly counted as part of the budget.

- If there are technical budget issues that need to be worked out, they will be resolved as the Congressional committees move forward, in consultation with the Congressional Budget Office. The bottom line for the President has always been providing all Americans with guaranteed comprehensive private insurance that can never be taken away.

QUESTIONS FOR CBO

1. Will the budget show any more information based on the CBO change in accounting for premiums?

According to the President's FY 1995 budget, when the Health Security Act is fully implemented, the budget will include information each year showing total premiums estimated to be paid by employers and consumers. In addition to premiums, the budget will show accounts receivable and cash flow.

Under CBO's "on-budget" treatment, will the budget be required to provide any additional information?

QUESTIONS FOR CBO

2. Does the CBO change in accounting alter the flow of dollars into the Federal Treasury?

Under H.R. 3600, premiums flow into regional alliances and not the Federal government. By classifying the premiums as "on-budget" for CBO accounting purposes, do you mean to imply that alliance premium dollars will come into the Federal Treasury and be mixed together with Federal government revenues?

Would the Federal government have any more access to the premiums paid into alliances than they would to other private insurance premiums?

For example, if there were a surplus nationwide in health alliances, could health care premiums be used to pay other Federal bills?

QUESTIONS FOR CBO

3. The President's FY 1995 budget shows the sources and uses of Federal funds associated with the Health Security Act. Would you agree that these revenues --- from the cigarette tax, for example --- are different from alliance premiums?

I've studied the tables (on pages 189-190) in the President's budget that reflect the Administration's cost estimates for various components of the Health Security Act. They show the costs to the Federal government --- from the subsidies, to the expenditures for public health, etc. --- and the receipts to the Federal government --- from the cigarette tax, etc. So isn't this debate just about the premiums paid to alliances, which you say should be "on budget"?

QUESTIONS FOR CBO

4. I'm trying to understand the real significance of your opinion that the premiums paid to alliances should be placed "on budget." Does the fact that CBO accounts for premiums differently mean that any businesses or individuals will pay more than they would if the premiums paid by alliances were accounted for off-budget?

QUESTIONS FOR CBO

5. What is the real impact of CBO's decision to account for alliance premiums as a miscellaneous Federal receipt?

If as a result of CBO's accounting decision there is no more information in the Federal budget, the alliance premiums cannot be used for any Federal purposes, and there is no cost to businesses or individuals, is it fair to conclude that the CBO scorekeeping decision does not seriously change either the impact or the cost of H.R. 3600?

QUESTIONS FOR CBO

6. You have indicated that in your opinion, the premiums paid to alliances for private health insurance should be classified as "on budget." But help me understand why this is so. Isn't it true that the Health Security Act is just a federally directed reorganization of an existing health insurance system in which most firms and individuals participate now, and would continue to participate absent this proposal? In fact, for many employers who now provide insurance, premium payments will actually go down as a result of the Health Security Act. What changes does the Health Security Act make to bring these private premiums into the Federal budget?

QUESTIONS FOR CBO

8. You have indicated that one of the reasons you have determined that the premiums paid to alliances should be "on budget" is that the alliances are subject to a Federal authority. But as I read the Health Security Act, the alliances will be subject to considerable State regulation and control, such as determining the number of alliances and their geographic coverage, etc. In other cases where the responsibility is now shared by the States and the Federal Government, such as the Medicaid program, only the Federal share of the total costs is shown in the Federal budget. Can you explain why this is different?

QUESTIONS FOR CBO

14. I understand that H.R. 3600 requires that employers help pay for health insurance premiums of their employees. I don't understand how this insurance requirement is different from other private insurance which various federal and state laws now require.

In most states, for example, all cars must be insured with at least a minimum level of insurance. While you could choose not to drive a car, you cannot choose not to ride in a car and still function in society, which means that directly or indirectly we all pay required auto insurance premiums.

When we buy auto insurance, we call insurance agents who are licensed by the government and buy insurance policies which are regulated by the government. Yet I don't think any of us think of our car insurance payments as a tax or as a payment to the government of any kind.

Can you help me understand the difference between requiring health insurance as opposed to auto insurance?

QUESTIONS FOR CBO

17. I am confused by this characterization of premiums paid to the alliances as being receipts that should be classified as "on budget." It seems to me that we regulate businesses and individuals in many ways that have never been included in the Federal budget.

I can cite a few examples that come to mind, including:

- The employer requirement to abide by the Occupational Safety and Health Act;

- The employer requirement to comply with the Americans With Disabilities Act;

- The requirement on automobile manufacturers to install seat belts.

All of these kinds of government regulation have undeniable costs to the entities that are regulated, but we do not categorize them as "miscellaneous receipts" that must be detailed in the Federal budget. Can you explain why these situations are different than the premiums paid for private insurance in the alliances?

Presidential Mem Fdr

THE WHITE HOUSE

WASHINGTON

February 8, 1994

MEETING WITH DEMOCRATIC LEADERSHIP AND HEALTH CHAIRMEN

DATE:	February 9, 1994
LOCATION:	Roosevelt Room
TIME:	9:00 am
FROM:	Pat Griffin

I. PURPOSE

- To thank the Leadership and the Chairmen for their helpful support around the CBO testimony and report.
- To agree on a process for coordination between the White House and Congress, and between Committees in each House and between House and Senate now that the legislative process is fully engaged.
- To reiterate need to complete floor action on health care by both chambers by no later than the July 4 recess.
- To outline the "bottom line" provisions that must be part of the final bill presented to you.

II. BACKGROUND

Despite a potentially very damaging CBO report, the White House and the Congressional Leadership worked together constructively to achieve the best result possible. The release of the CBO report truly initiates the legislative process AND, in so doing, proves that we can provide every American with coverage without an overall increase in health care spending.

Tomorrow's meeting gives you the opportunity to hold a discussion with all the Chairs in the same room and to outline the substantive "bottom line" issues you believe are imperative to designing a bill that is acceptable to you. Such a discussion is advisable in order to give some helpful parameters to the Chairs during their upcoming mark-up process AND to get any early warning signs about the extent to which your priorities are going to cause the Chairmen any difficulties.

III. AGENDA ITEMS

1. Timetable and Strategy for Achieving Goal. There is no question that many House Members live in fear of being whip-sawed by the Senate if they are forced to move first and take a tough political vote on health care, particularly in this election year. They have no interest in witnessing a repeat of what they feel they went through in last year's budget process.

   To be responsive to the understandable concerns of the House, we recommend that you push the idea of a simultaneous (or as close to simultaneous as possible), bicameral Committee and floor vote strategy. In your discussions last week with the House Leadership, the Chairmen agreed to coordinating amongst themselves and the Administration. **The optimal outcome from this meeting, therefore, would be an agreement to establish a bicameral, Committee Chairmen coordination mechanism.**

2. "Bottom Line" Issue Discussion. To help outline the skeleton of the bill you would like to see reported out of Committees and passed on the respective floors, we recommend that you use this meeting as an opportunity to outline your bottom line provisions to the participants AND to open up a discussion about how to achieve support for these provisions. If they are consistent with what Ira has forwarded you previously, they are:

   (1) **Universal coverage** by the end of the decade that utilizes an employer-based system.

   (2) **Comprehensive benefits** that are defined.

   (3) **Insurance market reforms** -- community rating, banning underwriting, and promoting large risk and purchasing pools -- to put an end to insurance discrimination.

   (4) **Cost containment** that has an enforceable backstop.

3. Policy/Political Differences Should Be Shared In Private. A discussion about how much the press wants to see the Democrats fighting among one another seems advisable. Then, a request -- leading to an agreement -- to air differences privately should be pursued.

4. Discussion of Advisability of Press Conference/Availability. Since the Leadership and Chairs are all in one place, this might be a good opportunity to have them stand together to present a picture of unity and confidence to the press. Nothing is scheduled, but a discussion about the advisability of doing this may be warranted.

IV. PARTICIPANTS

The President
The Vice President
The First Lady
The Speaker
Majority Leader Gephardt
Majority Leader Mitchell
Chairman Moynihan
Chairman Kennedy
Chairman Rostenkowski
Chairman Dingell
Chairman Ford
Staff of Members
Pat Griffin
Harold Ickes
Chris Jennings
Jack Lew
Ira Magaziner
Janet Murguia
Steve Ricchetti
George Stephanopoulos
Melanne Verveer

V. SEQUENCE OF EVENTS

Members and staff arrive at 9:00.

The President opens up meeting and calls on the First Lady to make a few remarks about how appreciative she has been for all the past advice and how much we will need the Leadership's assistance throughout the upcoming challenging process.

The President briefly outlines the three agenda items that he would like to discuss and opens up the discussion. Probably the most useful discussion would one that focuses on the Members current feelings about the Administration's bottom line issues.

VI. PRESS PLAN

Closed press. (White House photographer will be present.)

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Postdated Memo FG

THE WHITE HOUSE

WASHINGTON

February 22, 1994

MEETING WITH HOUSE SINGLE PAYER CO-SPONSORS

DATE: February 23, 1994
LOCATION: Roosevelt Room
TIME: 4:45
FROM: Pat Griffin

I. PURPOSE

-- To reassure single payer co-sponsors that they are not being taken for granted.

-- To underscore the commitment in the State of the Union that you will veto a bill which does not guarantee that all Americans will be covered with comprehensive benefits.

-- To make clear that the Administration has not made any concessions and is not negotiating with anyone.

-- To restate flexibility about the mechanics of the bill as being consistent with sticking to the principles which are most important to both the Administration and to this group.

II. BACKGROUND

We initiated this meeting to make certain that the dinner on Monday night with Senate Republicans is not misconstrued, and because it is important to make clear that the debate is not simply between the Administration and conservatives. Congressman McDermott has been anxious to meet with you for some time, and this meeting provides an opportunity to have a serious discussion with a representative group of single payer co-sponsors. The list of Members invited was put together by Congressman McDermott and reflects the whip structure he has organized among his co-sponsors.

Single payer co-sponsors are sensitive about our change in language from universal coverage to guaranteed private health care. It would be worth underscoring that our plan allows states to choose a single payer option, and that these are the only two plans that CBO has concluded would accomplish real universal coverage.

III. AGENDA ITEMS

1. Appreciation for their commitment to the common goals of universal coverage and cost containment.

2. Recognition that we will need the support of single payer co-sponsors to pass health care reform.

3. Discussion of universal coverage and how to get there, to underscore the points of agreement between our approaches.

4. To make clear that single payer co-sponsors will be active players in the development of a final bill.

IV. PARTICIPANTS

The President
The Vice President
The First Lady

Pat Griffin
Harold Ickes
Jack Lew
Ira Magaziner
Mack McLarty
Steve Richetti
George S.

Single Payer Co-Sponsors:

Hon. Jim McDermott
Hon. Lynn Woolsey
Hon. Bobby Scott
Hon. Barney Frank
Hon. Bruce Vento
Hon. Hon. Major Owens
Hon. Patsy Mink
Hon. Xavier Becerra
Hon. George Miller
Hon. John Lewis
Hon. Eva Clayton

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